

Testimony of Jerry Reed, MSW  
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To the Policy Committee of the White House Conference on  
Aging  
Suicide and the Elderly  
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Good afternoon. My name is Jerry Reed and I am executive director of SPAN USA – the Suicide Prevention Action Network, the only suicide prevention organization dedicated to advancing public policies to help prevent suicide.

Over the years, I have had the honor of working with several members of Congress to draw attention and resources to the problem of suicide.

In 1997, Congress passed resolutions in both houses recognizing suicide as a national problem and declaring suicide prevention a national priority. Since then, the Surgeon General has issued *A Call to Action to Prevent Suicide* (1999), our nation has developed a *National Strategy for Suicide Prevention* (2001), the Institute of Medicine issued *Reducing Suicide - A National Imperative* (2002) and legislation has been passed which allocates resources specifically to youth suicide prevention.

Overall, the past decade has seen promising advances in the arena of suicide prevention. But most suicide prevention efforts have focused on younger persons, especially children and adolescents. Many view suicide in younger persons as a greater tragedy. However, from a public health perspective, suicide is a greater problem for older Americans, who have consistently higher rates.

The cause for concern and need for action is two-fold – elderly suicide rates have been on the rise and the older population is growing fast. Even more troubling, evidence

from cohort studies suggest that “baby boomers have carried higher suicide rates through each life stage than have earlier or subsequent birth cohorts.” Some researchers have even projected that by the year 2030 the number of late life suicides will double.

The *National Strategy for Suicide Prevention* (NSSP) and the *Final Report of the President’s New Freedom Commission on Mental Health* have both underscored the importance of suicide prevention and highlighted the need specifically for older Americans.

Suicide prevention efforts specific to the elderly population are imperative. Although older Americans attempt suicide much less frequently than younger ones, their completion rate is much higher. For all ages, it is estimated that there is one suicide for every 25 suicide attempts. For those 65 and older, the ratio is only 4:1, meaning that for every four suicide attempts, there is one completed suicide.

Despite the statistics, limited public policy attention has been given to the topic of elderly suicide. Public attitude seems to fuel its disregard. Several surveys have found that people perceive youth suicide to be a greater tragedy than later life suicide and consider suicide more acceptable for an older person. Exacerbating the problem is the fact that many health providers, family members and even older adults themselves think suicidal ideation and depression are a normal part of the aging process.

While neither is true, until we give serious attention and resources to preventing suicide among the elderly, these misconceptions will continue. One death by suicide is one too many and no life should be valued more than another. A suicide by an older person is just as tragic as any other. We have the data and we know there’s a problem and it is preventable. It is now time for action.